

## AUTHORIZATION AND CERTIFICATION FOR EDUCATIONAL INFORMATION

I, \_\_\_\_\_, hereby authorize  
(Please print or type student's name)

\_\_\_\_\_, to furnish to the Board of Trustees of the  
(Name of Institution)

Policemen's and Fire Fighters' Retirement Fund of the Lexington-Fayette Urban  
County Government the information indicated below regarding my enrollment for  
use in determining benefits from the fund for educational activities.

\_\_\_\_\_  
(Student's signature)

I, \_\_\_\_\_, hereby certify that the above  
(Registrar, Dean or other authorized officer of Institution)

name is duly enrolled as a student in \_\_\_\_\_,  
(Institution's Name)

carrying an academic loan of \_\_\_\_\_ semester hours. Our institution considers  
such enrollment:

Full-time \_\_\_\_\_

Part-time \_\_\_\_\_

Date of enrollment of student: \_\_\_\_\_

Present semester: \_\_\_\_\_

\_\_\_\_\_  
(Signature of authorized officer)

\_\_\_\_\_  
(Title)

Please return this completed form to:

Policemen's and Fire Fighters' Retirement Fund  
Board of Trustees  
150 East Main Street  
Lexington, KY 40507

If you have any questions, please call (859)258-3539.

